DEPARTMENT OF HEALTH SERVICES
714/744 P STREET, ROOM 1640
P. O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-1460

June 11, 1999

TO: All County Medi-Cal Administrative Activities (MAA) **PPL NO. 99-003**
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

SUBJECT: MEDI-CAL ADMINISTRATIVE ACTIVITIES AND TARGETED CASE
MANAGEMENT PROGRAM, FISCAL YEAR 1999-2000 TIME SURVEYS

This transmittal advises all local governmental agencies participating in MAA and/or
TCM, that the fiscal year (FY) 1999-2000 time survey will take place will take place during the
month of September 1999. Time survey training will be provided in the month of August 1999.
Additional information above to the training dates and locations will be provided under separate
cover.

Enclosed are copies of the Program Time Survey for Case Manager, DHS 7093 (7/97) and
Program Time Survey for Employees Performing Medi-Cal Administrative Activities, DHS 7094
(7/97) to be used during the time survey month.

If you have any questions, please contact Mr. Charles LaRosa, Chief of the Administrative
Claiming Unit, at (916) 657-0146 or by e-mail address C1aRosa _DHS.CA.GOV.

Sincerely,

Original Signed By

David Mitchell, Chief
Medi-Cal Benefits Branch

Enclosures

TIME SURVEY FOR EMPLOYEES PERFORMING   SPMP   Non-SPMP
ADMINISTRATIVE ACTIVITIES

...ddle initial)							Civil service Classification							Employee number						Program and chiming uni							Claiming **unit** location				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
...vities																															
...(A)																															
...81)																															
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...B2)																															
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...nd Policy ...scounted)																															
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...n																															
...on																															

...e	Employee's telephone number ( )	Date	Supervisor's signature	Date

...n for definitions of -TYPE OF ACTIVITY
...mpleted on a daily basis for the entire survey month. Enter the amount of time spent performing each type of activity during your regular work hours in the column for that day (OT and the ...
...Administration).
...e through all columns representing days that are unpaid days (regular days off and unpaid leave).
...ime in 15 minute increments. If using fractions. use 1I4, 2I4. and 3/4 to record partial-hour increments. 11 using decimals, use .25, .50, and .75 to record partial-hour increments.
... day, total each column in the "TOTAL HOURS" box at the bottom of the column. Each day's total must equal hours worked per day.
...month, total all boxes in each row and record the sum in the "TOTAL" box at the right margin. Total amounts and record the sum in the box at the bottom-right comer.
...tom-right corner must equal the sum of the bottom row. Sign and date your survey on the last working day of the month and give it to your supervisor.

PROGRAM TIME SURVEY FOR CASE MANAGER   Case manager   Supervisor   Support person to case manager

Name (last, first, middle initial)								Civil service classification						Employee number				Program end claiming unit						
TYPE OF SERVICE	1	2	3	4	5	8	7	8	9	10	11	12	13	14	15	18	17	18	19	20	21	22	23	24	25	28
Other Pro rams/Activities																										
Direct Patient Care																										
Medi-Cal Outreach (A)																										
Medi-Cal Outreach (B1) (Actual Count/Other)																										
Medi-Cal Outreach (B2) (County-wide Average)																										
Facilitating Medi-Cal Application																										
Targeted Case Management																										
MAA/TCM Coordination and Claims Administration																										
MAA Implementation Training																										
General Administration																										
Paid Time Off																										
TOTAL HOURS																										

Employee's Signature	Employee's telephone number	Date	Supervisor's Signature

INSTRUCTIONS:

- See reverse of lam la definitions o1 TYPE OF SERVICE'
- Survey must be completed on a daffy basis to the entire survey month. Enter the amount of time spent performing each type of service during your regular work hours in the column for that day (OT and the earning of CTO are coded to General Administration).
- Draw a vertical line through all columns representing days that are unpaid days (regular days oft and unpaid leave).
- Record all of your time in 15 minute increments. It using fractions, use 1/4, 214, and 3/4 to record partial-hour increments. II using decimals, use .25, .50, and .75 to record partial-hour increments.
- At the end of each day, total each column in the "TOTAL HOURS" box al the bottom of the column. Each day's total must equal hours worked per day. . A the end of the month, total all boxes in each row and record the sum in the "TOTAL" box at the right margin. Total amounts and record the sum in the box at the bottom-right corner. The sum in the bottom right corner must equal the sum of the bottom row. Sign and date your survey on the last working day of the month and give it to your supervisor.

DHS 7093 1797)